

Questions and Answers from statewide Local Education Agency training on Mealtime and Feeding for Students with Disabilities Requiring Modified Diets: An Interdisciplinary Approach

ADA/Section 504/IDEA

A Local Education Agency (LEA), Child Nutrition program caters meals to a Head Start program. Several students in the Head Start program have disabilities that require dietary modifications. Is the LEA Child Nutrition program responsible for assuring there is a Medical Statement and a 504 Plan or IEP in place and then for providing dietary modifications or should this responsibility reside with the Head Start program?

The Local Education Agency (LEA), Child Nutrition program is not responsible for assuring there is a Medical Statement and a 504 Plan or IEP in place or providing dietary modifications. The Head Start program only purchases their meals from the Child Nutrition program and their students are considered enrolled in the Head Start program, not at the school. The Child Nutrition program provides meals or snacks only to enrolled students receiving instruction at the school campus. The LEA does not claim reimbursable meals at this site, because these students are not enrolled in the school. A Child Nutrition program may cater meals to other schools that are not part of the school meals program or to other entities, provided the revenue from catering accrues to the LEA's food service account. The catering of meals is simply a business transaction between the LEA Child Nutrition program and the Head Start program.

Prior to any requirement to provide dietary modifications, a child must be determined to be a child with a disability under either the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973/Americans with Disabilities Act.

Under Part B of IDEA, the LEA has the legal obligation (called "Child Find") to evaluate, determine eligibility, and for the eligible child, develop an Individualized Education Program for children ages 3 through 21. A parent of a child suspected of having a disability may submit a written referral for an evaluation to the LEA in which he or she resides. Once determined eligible under IDEA, the LEA would be responsible for the provision of specially designed instruction and any necessary dietary modifications.

Children ages birth through 2 are covered under Part C of IDEA and it is the responsibility of the N.C. Department of Health and Human Services to evaluate, determine eligibility, and for the eligible child, develop Individual Family Service Plans and provide services to that population.

Section 504 of the Rehabilitation Act of 1973 covers individuals from birth to death and applies to any agency or entity that receives public funds. The "Child Find" obligation under Section 504 only applies to school-aged children, i.e. 5 years old and older. Upon a request for a modified diet, the Head Start program is responsible (as a recipient of federal funds), for securing the Medical Statement and any other pertinent data, determining eligibility, developing a 504 Plan and providing the necessary,

appropriate and reasonable dietary modifications to the child. The eligibility criteria are that the child has a physical or mental impairment that substantially limits a major activity, such as eating.

References:

Individuals with Disabilities Education Act (IDEA), U.S. Department of Education

<http://idea.ed.gov/>

Section 504 of the Rehabilitation Act of 1973, U.S. Department of Education

www2.ed.gov/about/offices/list/ocr/504faq.html

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Child Find, Office of Special Education Programs, U.S. Department of Education

www.childfindidea.org

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Are Pre-K students exempt from disability benefits?

Individuals with Disabilities Education Act (IDEA), Part C benefits cover children from birth through 2 years of age. IDEA, Part B extends coverage from 3 years through 21 years of age. Students must be enrolled. There is no exemption if a child is enrolled in the school system. (Enrolled students will usually have NCWISE numbers.) If the child is not enrolled in the school system Average Daily Membership (ADM), check with the administrator of the program in which the child is enrolled to determine more about the enrollment status.

References:

Individuals with Disabilities Education Act (IDEA), U.S. Department of Education

<http://idea.ed.gov/>

What school nutrition options are available to a student with an Individualized Education Plan (IEP) who is enrolled in a School Food Authority (SFA) but is receiving instruction at home?

Local Education Agency (LEA), Child Nutrition program provides meals or snacks only to enrolled students receiving instruction at the school campus. The student may be eligible for financial assistance with meals, foods, formulas, and a feeding aide through insurance and/or Medicaid. Schools provide administrative outreach for Medicaid. Contact the school or social worker for more information about the Medicaid program for students with special health care needs.

References:

Information for Children with Special Health Care Needs and Their Families, N.C. Health Choice, N.C. Department of Health and Human Services

www.ncdhhs.gov/dma/healthchoice/sn_booklet.pdf

What dietary accommodations are made for students enrolled in the early college program?

Students enrolled in an early college program are eligible for dietary accommodations under the Individuals with Disabilities Education Act (IDEA) until the age of 21 for any special needs accommodation that s/he may have received in lower school grades. Eligibility remains constant throughout the early college program experience. The student of early college age should be encouraged to exhibit self advocacy to ensure that

his/her individual needs are met. If dietary modifications are necessary for this student, a completed Medical Statement for Students with Special Nutritional Needs for School Meals must be secured. For students with a disability, the Medical Statement must be signed by a licensed physician. For students without a disability, the Medical Statement must be signed by the licensed physician or a recognized medical authority, which includes a physician assistant or nurse practitioner.

References:

Individuals with Disabilities Education Act (IDEA), U.S. Department of Education

<http://idea.ed.gov/>

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Allergies

Are accommodations required for students who have food allergies or intolerances?

Generally, students with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act of 1973 or Part B of the Individuals with Disabilities Education Act (IDEA). The Child Nutrition program may, but is not required to, make food substitutions for them. The decision to accommodate dietary needs for students without a disability rests with the Local Education Agency (LEA).

However, when, in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the student's condition would meet the definition of a "disability," and the substitutions prescribed by the licensed physician must be made. If dietary modifications are necessary for this student, a completed Medical Statement for Students with Special Nutritional Needs for School Meals signed by a licensed physician must be secured.

References:

Individuals with Disabilities Education Act (IDEA), U.S. Department of Education

<http://idea.ed.gov/>

Section 504 of the Rehabilitation Act of 1973, U.S. Department of Education

www2.ed.gov/about/offices/list/ocr/504faq.html

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Are epi-pens allowed to be stored in the kitchen for teachers to access quickly during lunch?

The epinephrine auto-injector should be with the student or a responsible adult who is with the student at all times. A responsible adult should accompany the student when they leave the classroom to go to lunch, go outside for recess, or return to the classroom after lunch.

Epinephrine auto-injectors should be stored in a location that will allow quick retrieval. School administrators should look at the best storage location to make sure access is not limited unnecessarily. Access to the cafeteria food preparation area is restricted to only employees who prepare and serve school meals. Therefore, teachers would need to alert a Child Nutrition manager or employee to retrieve the epinephrine auto-injector when needed.

A written procedure to assure that the epinephrine auto-injector does not expire and is updated as needed is necessary.

References:

How to Use an Epinephrine Auto-Injector, Food Allergy & Anaphylaxis Network

www.foodallergy.org/page/epi

What type of gloves are used in the cafeteria when preparing and handling foods?

The North Carolina School Hazard Analysis Critical Control Point (HACCP) Plan requires single use latex-free gloves.

References:

Commercial Kitchen Standards, Child Nutrition Services, N.C. Department of Public Instruction
<http://dpi.state.nc.us/childnutrition/publications/foodsafety/commercial>

District and School Teams Addressing Dietary Modifications

How do we form a multidisciplinary team in our school district to make important decisions about the dietary accommodations needed by students?

Local Education Agencies (LEAs) or school districts should create a multidisciplinary team to establish a local process for providing dietary modifications for students. The Exceptional Children's (EC) office or the EC administrator in an LEA's central office would be the best initial contact. Participants in these central teams may include registered dietitians, speech-language pathologists, occupational therapists, registered nurses, social workers, Child Nutrition administrators, the Exceptional Children administrator, and the LEA's Section 504 coordinator. Once formed, this team should draft an implementation plan and train local school staff on policies and procedures for assisting students requiring dietary modification.

How do you determine who is the Child Nutrition administrator or Exceptional Children administrator in your school district?

Refer to the Local Education Agency (LEA) or school district directory and website or call the central administrative office.

When should the Child Nutrition administrator be involved in decision-making for individual students?

The Child Nutrition administrator should always be directly involved in decisions for students who require a modified diet prepared by the Child Nutrition staff.

References:

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.
www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

FERPA/HIPAA

How does the Family Educational Rights and Privacy Act (FERPA) or Health Insurance Portability and Accountability Act (HIPAA) affect information shared among the Child Nutrition administrator(s), Child Nutrition supervisor(s), Child Nutrition manager(s) and the district or school teams addressing dietary modifications?

These school professionals would be considered part of the care team for the student and in order to provide adequate services for the student they would have a "need to know". Therefore, sharing the information contained on the Medical Statement for Students with Special Nutritional Needs for School Meals among school staff involved with the care of the student would be acceptable and routine.

Meal eligibility status for students (whether a student receives free, reduced-priced, or paid meals) may not be shared with those outside of the Child Nutrition program without specific written parent/guardian consent. Meal benefit applications never become part of the student's academic record at school. Students' confidential meal eligibility status may not be disclosed to an unauthorized third party or recorded in NCWISE.

References:

Title 34, Code of Federal Regulations, Part 99 - Family Educational Rights and Privacy

www2.ed.gov/policy/gen/reg/ferpa/index.html

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules, U.S. Department of Health and Human Services

www.hhs.gov/ocr/privacy/

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Eligibility Manual for School Meals: Federal Policy for Determining and Verifying Eligibility - Child Nutrition Programs, Food and Nutrition Service, U.S. Department of Agriculture

www.fns.usda.gov/cnd/guidance/eligibility_guidance.pdf

Food and Beverage Consistency Modification

May school staff change the texture modification of foods if a student's ability to swallow changes?

No. The Medical Statement for Students with Special Nutritional Needs for School Meals must be followed until it is updated by a licensed physician. School personnel should not make decisions on consistency changes. The school setting does not afford the instrumentation required to react in the event of an adverse response, e.g., the student aspirates or chokes.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction
<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

If a student's dietary accommodations require texture or consistency modification, who will be responsible for preparing these items?

Child Nutrition staff may prepare dietary modifications when a completed Medical Statement for Students with Special Nutritional Needs for School Meals signed by a licensed physician has been secured. Families may also choose to provide food in accordance with the Medical Statement. Any required accommodation should be written into the Individualized Education Plan (IEP) or 504 Accommodation Plan. Considerations should include scheduling, feeding routine, and staffing in order to provide meals/snacks for the student that are optimum in flavor, consistency, appeal, and food safety.

References:

Individuals with Disabilities Education Act (IDEA), U.S. Department of Education
<http://idea.ed.gov/>

Section 504 of the Rehabilitation Act of 1973, U.S. Department of Education
www2.ed.gov/about/offices/list/ocr/504faq.html

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.
www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction
<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

What is a source for obtaining pictures of texture modified foods that can be displayed in or near food preparation areas?

Refer to the special needs resource list on the North Carolina Department of Public Instruction, Child Nutrition Services website.

References:

Special Diet, Child Nutrition Services, N.C. Department of Public Instruction
<http://dpi.state.nc.us/childnutrition/publications/special-diet/>

When preparing texture modified foods, should the regular menu be followed as closely as possible?

Many foods on the school's regular menu are suitable for texture modification. There are also wide varieties of pre-prepared texture modified foods that will closely match the regular menu items being served. Unless otherwise specified by the licensed physician, the meals modified for texture should consist of similar food items and quantities specified in the regular school menus. A student may be provided a meal, which is equivalent to the meal served to other students, but not necessarily the same meal if the menu items are not suitable for modification. Exercise caution at all times to make sure the texture modified foods provided can be safely consumed by the student. It is important that foods modified for texture are appealing in color, taste, temperature, as well as texture. Work with the student's parent or guardian, licensed physician, and the Individualized Education Plan (IEP) or 504 Accommodation Plan Committee when altering the menu.

References:

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.
www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Should a separate menu cycle be developed for preparing texture modified diets?

Most foods on the regular school menu are suitable for texture modification. There are also wide varieties of pre-prepared texture modified foods that will closely match the menu items that are served on a daily school menu. The *Nutrition Care Manual*, published by the North Carolina Dietetic Association, provides information about foods and beverages that are appropriate for texture modified diets. Another comprehensive reference for texture modified diets is the *Manual of Clinical Dietetics*, published by the American Dietetic Association.

References:

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.
www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf
Nutrition Care Manual, N.C. Dietetic Association
www.eatrightnc.org/page.php?mode=privateview&pageID=48
Nutrition Care Manual, American Dietetic Association
<http://nutritioncaremanual.org/auth.cfm?p=%2Findex%2Ecfm%3F>

What type of blenders or food processors may be used to prepare texture modified diets?

Equipment used to process and prepare foods must be in compliance with the United States Food and Drug Administration (FDA), Food Code and the North Carolina Administrative Code. The North Carolina Department of Environment and Natural Resources (NCDENR) 15A NCAC 18A .2617 Rule governs Utensils and Equipment. Therefore, blenders, food processors, and similar equipment used to prepare modified diets in a permitted food service establishment must be certified for sanitation by the American National Standards Institute (ANSI). If equipment is not listed by an ANSI accredited education service program, the Child Nutrition administrator must submit documentation to the local Environmental Health department demonstrating that the equipment is equivalent to ANSI sanitation standards. (The National Sanitation Foundation, or NSF, is one example of an ANSI accredited program.)

References:

Food Code 2009, Food and Drug Administration, Public Health Service, U.S. Department of Health and Human Services
www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/
Title 15A, Subchapter 18A – N.C. Administrative Code, N.C. Department of Environment and Natural Resources
www.deh.enr.state.nc.us/ehs/rules.htm
American National Standards Institute
www.ansi.org/

What are some sources to procure consistency modified foods and beverages?

The following is a partial listing of manufacturers of modified foods, beverages, and related products for special diets.

Abbott Nutrition

<http://abbottnutrition.com/>
(800) 227-5767

Hormel Health Labs

www.hormelhealthlabs.com
(800) 866-7757

Nestle Nutrition

www.nestle-nutrition.com
(800) 422-2752

Novartis

www.novartis.com

SimplyThick®

www.simplythick.com
(800) 205-7115

Thick-It®

www.ThickItRetail.com
(800) 442-5242

Food Preparation and Meal Service

What food preparation areas are required to obtain a valid Environmental Health permit?

Most establishments or operations where food is prepared or served at wholesale or retail for pay must have a valid food handling permit. North Carolina General Statute § 130A-247 and North Carolina Department of Environment and Natural Resources (NCDENR) 15A NCAC 18A .2600 Rules provide detailed information. The .2600 Rules Governing the Sanitation of Food Service Establishments define foods as "any raw, cooked, or processed edible substance including meat, meat food products, poultry, poultry products, ice, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption."

A Pre-K school setting that is licensed by the North Carolina Department of Health and Human Services (NCDHHS), Division of Child Development and inspected by the North Carolina Department of Environment and Natural Resources (NCDENR) would follow the 15A NCAC 18A .2800 Rules Governing Sanitation of Child Day Care Facilities.

Contact the local Environmental Health specialist if clarification is needed.

References:

Title 15A, Subchapter 18A – N.C. Administrative Code, N.C. Department of Environment and Natural Resources
www.deh.enr.state.nc.us/ehs/rules.htm

Environmental Health Staff in North Carolina by County, N.C. Department of Environment and Natural Resources
www.deh.enr.state.nc.us/ehs/images/ehsdir2000.PDF

Are school staff allowed to prepare or process meals for students in the classroom or areas of the school other than the cafeteria?

Preparation of foods sold to students must take place in a food service area that has a valid Environmental Health permit. The cafeteria kitchen is usually the only area of a school with this type of food handling permit. Therefore, all meal preparation should take place in the cafeteria kitchen with approved equipment and ingredients following a Hazard Analysis Critical Control Point (HACCP) food safety plan. North Carolina General Statute § 130A-247 and North Carolina Department of Environment and Natural Resources (NCDENR) 15A NCAC 18A .2600 Rules Governing the Sanitation of Food Service Establishments provide detailed information. The .2600 Rules define foods as "any raw, cooked, or processed edible substance including meat, meat food products, poultry, poultry products, ice, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption."

The Division of Environmental Health in the North Carolina Department of Environment and Natural Resources has drafted revisions to the 15A NCAC 18A .2400 Rules Governing Sanitation of Public, Private and Religious Schools. The draft revisions are currently undergoing a fiscal impact assessment. If adopted, the revisions will regulate food preparation practices in the classroom setting. The response to this question will be updated as new information is received.

If foods are prepared in a Pre-K school setting that is licensed by the North Carolina Department of Health and Human Services, Division of Child Development and inspected by the North Carolina

Department of Environment and Natural Resources (NCDENR), the 15A NCAC 18A .2800 Rules Governing Sanitation of Child Day Care Facilities should be followed.

Contact the local Environmental Health specialist if clarification is needed.

References:

Title 15A, Subchapter 18A – N.C. Administrative Code, N.C. Department of Environment and Natural Resources
www.deh.enr.state.nc.us/ehs/rules.htm

Environmental Health Staff in North Carolina by County, N.C. Department of Environment and Natural Resources
www.deh.enr.state.nc.us/ehs/images/ehsdir2000.PDF

Are students allowed to prepare and eat foods in the classroom?

Students may prepare and eat foods in the classroom as part of a learning activity associated with an approved curriculum project. Always follow school administrative procedures when conducting classroom activities involving foods.

Students requiring modified diets are often more susceptible to foodborne illness; therefore, it is recommended that foods prepared as a learning activity in the classroom, if allowed, be limited to those that are non-potentially hazardous. Teachers and students should be aware of and follow safe food handling practices. If needed, the Child Nutrition program could serve as a resource for information about best practices when handling a variety of foods.

Meals provided by the school cafeteria kitchen should not be further processed (i.e., chopped, blended, pureed, etc.) in the classroom because this area is not permitted for food preparation. Most establishments or operations where food is prepared or served at wholesale or retail for pay must have a valid food handling permit. Therefore, all meal preparation should take place in the cafeteria kitchen with approved equipment and ingredients following a Hazard Analysis Critical Control Point (HACCP) food safety plan. North Carolina General Statute § 130A-247 and North Carolina Department of Environment and Natural Resources (NCDENR) 15A NCAC 18A .2600 Rules Governing the Sanitation of Food Service Establishments provide detailed information.

The Division of Environmental Health in the North Carolina Department of Environment and Natural Resources has drafted revisions to the 15A NCAC 18A .2400 Rules Governing Sanitation of Public, Private and Religious Schools. The draft revisions are currently undergoing a fiscal impact assessment. If adopted, the revisions will regulate food preparation practices in the classroom setting. The response to this question will be updated as new information is received.

Contact the local Environmental Health specialist if clarification is needed.

References:

N.C. Standard Course of Study K-12, N.C. Department of Public Instruction
www.ncpublicschools.org/curriculum/

Title 15A, Subchapter 18A – N.C. Administrative Code, N.C. Department of Environment and Natural Resources
www.deh.enr.state.nc.us/ehs/rules.htm

Commercial Kitchen Standards, Child Nutrition Services, N.C. Department of Public Instruction
<http://dpi.state.nc.us/childnutrition/publications/foodsafety/commercial>

Should students with special dietary needs be fed separately from other students?

The student should only be removed from non-disabled peers during mealtime if the Individualized Education Program (IEP) Team or 504 Accommodation Plan Committee has determined that the student requires a different setting to meet and make progress on goals or other aspects of the plan related to mealtime. Data must be used to make this decision.

When and if students are fed in areas separate from the cafeteria, the Local Education Agency (LEA), Child Nutrition program would require a roster that is completed and returned to the cafeteria after students are served.

References:

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.
www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

If a student with a metabolic disorder required meals every 2 hours, does the parent or the school have to provide for the extra feedings which fall outside of regular school breakfast, lunch or snack service?

If the student has a disability and orders for the extra meals are written on the Medical Statement for Students with Special Nutritional Needs for School Meals and it is included in the 504 Accommodation Plan or Individualized Education Program (IEP), the Local Education Agency (LEA) will provide the extra meals. These meals may or may not be provided by the Child Nutrition program. The Child Nutrition program may provide part of the meals; the school may provide the other. These decisions would be made by the team developing the IEP or 504 Accommodation Plan; the Child Nutrition administrator should be directly involved in this decision.

If the student does not have a disability, the parent/guardian would usually be responsible for the additional meals; however, this would be a Local Education Agency (LEA) decision.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction
<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>
Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.
www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Can foods left over from a student's school meal or snack be saved?

Foods and beverages that pass the Child Nutrition cashier at the point of service cannot be returned to the cafeteria serving line for re-service under any circumstances. These foods and beverages are considered sold to the student; therefore, the student would determine whether to discard or save an item for later personal consumption.

When the student is finished with the meal or snack, most leftover foods should be discarded. There is a significant risk of foodborne illness if potentially hazardous foods are not handled safely and held at proper temperatures. The only exceptions to saving leftovers from the student's meal or snack would be for non-potentially hazardous food such as unopened, commercially packaged crackers and whole

(uncut) fresh fruit. If these non-potentially hazardous foods are saved for later consumption, they should be consumed or discarded by the student selecting the original meal or snack and should not be transferred to another person to minimize any intentional or unintentional contamination.

References:

Commercial Kitchen Standards, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/childnutrition/publications/foodsafety/commercial>

Title 15A, Subchapter 18A – N.C. Administrative Code, N.C. Department of Environment and Natural Resources

www.deh.enr.state.nc.us/ehs/rules.htm

Food Code 2009, Food and Drug Administration, Public Health Service, U.S. Department of Health and Human Services

www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/

Can we serve foods from school gardens to students who require accommodations for special dietary needs?

School staff must always follow the dietary instructions on the Medical Statement for Students with Special Nutritional Needs for School Meals that have been prescribed by the licensed physician. It is the responsibility of the classroom teacher in consultation with the parent or guardian, school nurse, and school administrators to determine if foods from unapproved or uninspected sources may be served in the classroom. Students with special dietary needs may have weakened immune systems and be more highly susceptible to foodborne illness, especially from raw foods.

The United States Food and Drug Administration (FDA), Food Code prohibits the service of unpasteurized fresh fruit juice and raw sprouts to highly susceptible populations. Other raw fruits and vegetables may also carry a high risk of contamination. Therefore, it is recommended that foods from school gardens not be served to students with disabilities who require special dietary accommodations.

Fresh fruits and vegetables served in the school cafeteria are obtained either from approved sources that follow a Hazard Analysis Critical Control Point (HACCP) food safety plan or from growers that are certified for Good Agricultural Practices (GAP). School gardens may lack these important safeguards against foodborne illness.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C.

Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Food Code 2009, Food and Drug Administration, Public Health Service, U.S. Department of Health and Human Services

www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/

Commercial Kitchen Standards, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/childnutrition/publications/foodsafety/commercial>

Are students allowed to sell foods prepared in the classroom?

Competitive foods and beverages may not be sold to students during the school day until after the established lunch period is over, only with the approval of the Local Education Agency (LEA). The established lunch period is over when the last pupil has been served for the day and the cafeteria closes for the day. "Occupational home economics instructional programs which operate under an approved

annual vocational education plan and which involve the preparation and sale of foods to individuals other than students are not in competition with the Child Nutrition program.”

References:

16 NCAC 6H.0004 Policy and standards for the National School Lunch Program, Policy ID EEO-S-000, N.C. State Board of Education

www.ncpublicschools.org/docs/childnutrition/publications/competitivefoods/sbepolicy-cnprograms-1986.pdf

N.C. Standard Course of Study K-12, N.C. Department of Public Instruction

www.ncpublicschools.org/curriculum/

Can foods brought from home be stored in the refrigerators in the cafeteria?

In order to minimize the risk of cross-contamination, foods brought from home cannot be stored in the school cafeteria refrigerators. It is recommended that foods prepared at home be transported in insulated containers so that they are ready to eat with no further preparation needed.

References:

Title 15A, Subchapter 18A – N.C. Administrative Code, N.C. Department of Environment and Natural Resources

www.deh.enr.state.nc.us/ehs/rules.htm

Commercial Kitchen Standards, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/childnutrition/publications/foodsafety/commercial>

Can foods brought from home be re-heated in a microwave oven?

Not all schools have microwave ovens available for students. It is recommended that foods prepared at home be transported in insulated containers so that they are ready to eat with no further heating or preparation needed. Child Nutrition staff would not be able to re-heat foods brought from home in the school cafeteria kitchen. If the Local Education Agency (LEA) policy allows other school staff to reheat foods for students, they should follow strict food safety practices for microwave heating. The potentially hazardous foods should be reheated to an internal temperature of 165 degrees Fahrenheit and allowed to stand for 2 minutes. The food temperature should be checked with an accurately calibrated bi-metallic stemmed thermometer to make sure that the minimum 165 degrees Fahrenheit is reached for at least 15 seconds.

References:

Title 15A, Subchapter 18A – N.C. Administrative Code, N.C. Department of Environment and Natural Resources

www.deh.enr.state.nc.us/ehs/rules.htm

Commercial Kitchen Standards, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/childnutrition/publications/foodsafety/commercial>

Funding Sources

What funding sources are available to help schools with the costs of providing equipment and services to students with special dietary needs?

If additional expenses are incurred in providing food substitutions or modifications for students with special dietary needs, the Local Education Agency (LEA) should usually be able to absorb the expense of making meal modifications or paying for the services of a registered dietitian. However, when the Child Nutrition program has difficulty covering the additional cost, there are several alternative sources of funding which may be considered, including the Individuals with Disabilities Education Act (IDEA) funds, Medicaid, Supplemental Security Income, Maternal and Child Health (MCH) Services Block Grants, the Local Education Agency (LEA) general fund or community resources.

References:

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.
www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Medical Statement/Recognized Medical Authority

What is the appropriate course of action when a student enrolls in school with no evaluation or Medical Statement yet it is evident he/she may have special dietary needs?

Schools are required by Federal law to implement “Child Find” which requires that students with suspected disabilities are identified, located, and evaluated. The Dietary Modification Decision-making Flowchart can provide guidance for this process for students who require dietary modification. Schools have a reasonable length of time to assemble a team to assess student needs and formulate an appropriate accommodation plan such as a 504 Accommodation Plan or an Individualized Education Program (IEP). Based on a review of the available literature, best practice standards suggest up to ten days is sufficient to assess student needs and develop a plan of action. Parents are an excellent source of information regarding foods the student ate prior to being enrolled in school. Parents must be involved and may have to provide food until the school can make appropriate accommodations.

Most schools would initially defer to the Individuals with Disabilities Education Act (IDEA) and use those Federal funds for an evaluation to determine if the student is eligible for disability services. If not eligible for an IEP, the student may qualify for Section 504 of the Rehabilitation Act of 1973 accommodations. Dietary needs may be identified in either an IEP or a 504 Accommodation Plan. For any dietary modification, a completed and signed Medical Statement must be secured. For students with a disability, the Medical Statement must be signed by a licensed physician. For students without a disability, the Medical Statement must be signed by the licensed physician or a recognized medical authority, which includes a physician assistant or nurse practitioner.

References:

Child Find, Office of Special Education Programs, U.S. Department of Education

www.childfindidea.org

Dietary Modification Decision-making Flowchart, Special Diet, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/childnutrition/publications/special-diet/>

Individuals with Disabilities Education Act (IDEA), U.S. Department of Education

<http://idea.ed.gov/>

Section 504 of the Rehabilitation Act of 1973, U.S. Department of Education

www2.ed.gov/about/offices/list/ocr/504faq.html

Office of Civil Rights Decisions, Seattle, Washington Public Schools (31 IDELR 193), Individuals with Disabilities Education Law Report®

<http://web.diabetes.org/Advocacy/legalmaterials/LegalRights/LR-Chap7.pdf>

What should school personnel do if told by a parent/guardian that a student needs a special dietary accommodation and there was no Medical Statement available?

Schools should develop a clear procedure for handling these types of concerns. Schools are required by Federal law to implement “Child Find” which requires that students with suspected disabilities are identified, located, and evaluated. If a parent/guardian tells school personnel that a student needs a modified diet, the school may have reason to suspect the existence of a disability. The school is then responsible for evaluating the student and determining eligibility.

An evaluation for a feeding or nutritional problem is initiated by the Medical Statement for Students with Special Nutritional Needs for School Meals, which is an essential part of the data required to determine if the student requiring dietary modifications has a disability. The Medical Statement should be provided to the parent or guardian. Dietary accommodations for students with a disability must be prescribed by a licensed physician. The Medical Statement must be completed and signed by both the parent or guardian and a licensed physician and returned to the school as directed at the top of the form.

Based on a review of the available literature, best practice standards suggest up to ten days is sufficient to assess student needs and develop a plan of action. Parents must be involved and may have to provide food until the school can make appropriate accommodations. In the interim, it may also be possible to use the Offer versus Serve Provision for school meals that allows students to decline certain menu items. Many schools offer additional choices daily that would give students flexibility in selecting a meal.

References:

Child Find, Office of Special Education Programs, U.S. Department of Education

www.childfindidea.org

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Office of Civil Rights Decisions, Seattle, Washington Public Schools (31 IDELR 193), Individuals with Disabilities Education Law Report®

<http://web.diabetes.org/Advocacy/legalmaterials/LegalRights/LR-Chap7.pdf>

Offer versus Serve, Food and Nutrition Service, U.S. Department of Agriculture

www.fns.usda.gov/tn/resources/offer_v_serve.html

Who may write a Medical Statement for a student with a disability?

For students with a disability, a licensed physician must complete and sign the Medical Statement for Students with Special Nutritional Needs for School Meals. Under no circumstances should school staff interpret, revise or change a diet order.

References:

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Title 7 - Agriculture, Code of Federal Regulations, PART 15b - Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance

www.access.gpo.gov/nara/cfr/waisidx_05/7cfr15b_05.html

N.C. Medical Board

www.ncmedboard.org/license_and_renewals/licensure_overview/

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

May a school nurse write a Medical Statement if there is a need for a food consistency modification for a student with a disability?

No. All Medical Statements requiring dietary accommodations for students with disabilities must be signed by a licensed physician.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

What should the Child Nutrition administrator do when it appears that the Medical Statement may not be completed by a licensed physician?

Contact the parent or guardian to discuss the Medical Statement. Clarify with the parent/guardian that each special dietary request must be supported by a completed Medical Statement for Students with Special Nutritional Needs for School Meals. For students with a disability, the Medical Statement must be signed by a licensed physician. For students without a disability, the Medical Statement must be signed by the licensed physician or a recognized medical authority, which includes a physician assistant or nurse practitioner.

References:

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

How does one know if a physician is really licensed?

Contact the Medical Licensing Board for North Carolina if there is a question about the physician's practice.

References:

N.C. Medical Board

wwwapps.ncmedboard.org/Clients/NCBOM/Public/LicenseeInformationSearch.aspx

If diet order instructions are written on a prescription pad (and signed), do we still need the signed Medical Statement?

Based on federal mandate from the United States Department of Agriculture (USDA), the N.C. Department of Public Instruction requires a signed statement when making dietary accommodations for students that includes the child's disability or medical condition, an explanation of why the disability or medical condition restricts the child's diet, the major life activity affected, and the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted. The Medical Statement for Students with Special Nutritional Needs for School Meals is designed to collect all information required by USDA when accommodating students with special dietary needs. This information will be used by numerous people involved in the care of the student; therefore, the Medical Statement must be completed to ensure all of the student's nutritional needs are understood and can be met by school staff. For students with a disability, the Medical Statement must be signed by a licensed physician. For students without a disability, the Medical Statement must be signed by the

licensed physician or a recognized medical authority, which includes a physician assistant or nurse practitioner.

References:

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

The Medical Statement only specifies the medical disability and not the required food substitutions. What should the Child Nutrition administrator do?

An appropriate school official (such as the Child Nutrition administrator or school nurse) must ask the parent/guardian to obtain more written information from the licensed physician concerning the substitutions or modifications the student requires. If difficulties arise in obtaining the needed information, the parent/guardian should be advised of the problem and asked to work with the school to obtain a completed Medical Statement for Students with Special Nutritional Needs for School Meals. It is important that the family understand that the school is unable to provide food substitutions or modifications without a completed and signed Medical Statement.

In some cases, it may be appropriate and helpful for the physician to provide a written referral to a registered dietitian or other qualified professional for instructions regarding dietary substitutions or modifications. For further guidance or referral to a registered dietitian, Child Nutrition administrators may contact their State Agency.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Is a Medical Statement required for a student having an allergy and a learning disability or can the 504 Accommodation Plan/IEP suffice?

If dietary modifications are required, a completed and signed Medical Statement must be secured. For a student with a disability, the Medical Statement must be signed by a licensed physician. For students without a disability, the Medical Statement must be signed by the licensed physician or a recognized medical authority, which includes a physician assistant or nurse practitioner. Based on federal mandate from the United States Department of Agriculture (USDA), the N.C. Department of Public Instruction requires a signed statement when making dietary accommodations for students that includes the child's disability or medical condition, an explanation of why the disability or medical condition restricts the child's diet, the major life activity affected, and the food or foods to be omitted from the child's diet and the food or choice of foods that must be substituted.

The Medical Statement for Students with Special Nutritional Needs for School Meals has been formatted to include all information required by USDA when accommodating students with special dietary needs. It also includes information needed by the Individualized Education Plan Program (IEP) Team or 504 Accommodation Plan Committee and other professionals involved in developing plans to adequately serve the needs of the student. When a student's 504 Accommodation Plan or Individualized Education Program (IEP) is being developed, the respective team must include the Child Nutrition administrator in making decisions regarding accommodation of special dietary needs through the Child Nutrition program.

Food anaphylaxis (life-threatening allergy) is considered a disability. If the student's allergy does not result in anaphylaxis, it is still recommended to gather as much information as possible to best assist the student; the Medical Statement can assist in obtaining complete details regarding the student's allergy and any requested dietary accommodations. The Local Education Agency (LEA), Child Nutrition program may make food substitutions, at their discretion, for individual students who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are made by the LEA on a case-by-case basis. This provision covers those students who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Under no circumstances should school staff interpret, revise or change a diet order.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

[www.fns.usda.gov/cnd/guidance/special dietary needs.pdf](http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf)

Who may write a Medical Statement for students without a disability?

For students without a disability, the Medical Statement for Students with Special Nutritional Needs for School Meals may be completed and signed by a licensed physician or a recognized medical authority, which includes a physician assistant or nurse practitioner.

The Local Education Agency (LEA), Child Nutrition program may make food substitutions, at their discretion, for individual students who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are made by the LEA on a case-by-case basis. This provision covers those students who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Under no circumstances should school staff interpret, revise or change a diet order.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

What professionals are considered recognized medical authorities?

For students with a disability, a licensed physician must complete and sign the Medical Statement for Students with Special Nutritional Needs for School Meals.

For students without a disability but with medically certified special dietary needs, the Medical Statement for Students with Special Nutritional Needs for School Meals must be completed and signed by a licensed physician or a recognized medical authority, which includes a physician assistant or nurse practitioner.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

How can I locate a pediatric registered dietitian (RD) or licensed dietitian/nutritionist (LDN) in North Carolina who may serve as a resource for providing special nutrition services to students?

Local health departments, Federally Qualified Health Centers, hospitals, medical centers or school-based or school-linked health centers that have registered dietitians on staff may be able to provide assistance in understanding diet orders, developing and modifying meal plans and menus, acquiring special food and beverage item purchases, and other aspects of feeding students with special needs.

References:

Directory of North Carolina Public Health Nutritionists, Nutrition Services Branch, N.C. Division of Public Health
www.nutritionnc.com/wic/wicLAR.htm

Find a Registered Dietitian, American Dietetic Association
www.eatright.org

Can a parent withdraw a Medical Statement (e.g., the parent does not agree with physician orders written for texture modification or tube feeding)?

No, a parent or guardian cannot withdraw or modify a written Medical Statement. School staff must adhere to the Medical Statement. Under no circumstances should school staff interpret, revise or change a diet order.

If the parent/guardian does not agree with the Medical Statement for Students with Special Nutritional Needs for School Meals, they may request a new evaluation from a licensed physician who then may revise the Medical Statement. The school may be responsible for providing the medical evaluation.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

If the school uses a health form must the Medical Statement be completed?

If dietary modifications are required, a completed and signed Medical Statement must be secured. For a student with a disability, the Medical Statement must be signed by a licensed physician. For a student without a disability, the Medical Statement must be signed by a licensed physician or recognized medical authority, which includes a physician assistant or nurse practitioner. The Medical Statement for Students with Special Nutritional Needs for School Meals has been formatted to include all information required by the United States Department of Agriculture (USDA) when accommodating students with special dietary needs. It also includes information needed by the district or school team and other professionals involved in developing plans to adequately serve the needs of the student.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

How often should Medical Statements be updated?

The United States Department of Agriculture (USDA) requires that the Medical Statement for Students with Special Nutritional Needs for School Meals reflect the current dietary needs of the students. Some Local Education Agencies (LEAs) may require that this information is updated annually. At a minimum, the Medical Statement must be updated when the needs or condition of the student changes. If Medical Statements are not renewed annually, LEAs should review the document regularly making sure it reflects the current dietary needs of the student.

References:

Medical Statement for Students with Special Nutritional Needs for School Meals, Child Nutrition Services, N.C. Department of Public Instruction

<http://dpi.state.nc.us/docs/childnutrition/publications/special-diet/medical-statement.doc>

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

If parents provide food must the Medical Statement form be completed?

If the Local Education Agency (LEA), Child Nutrition program is not providing food or beverage for the student, the Child Nutrition administrator will not need a completed Medical Statement for Students with Special Nutritional Needs for School Meals.

Training

Who will provide additional training required for the preparation and handling of foods and beverages for special diets?

Child Nutrition staff should work closely with individuals who are familiar with the needs of the student. The student's parent/guardian, teachers, Exceptional Children staff, physician, registered dietitian, occupational and physical therapists, speech-language pathologist, and the school nurse are valuable resources.

Local health departments, Federally Qualified Health Centers, hospitals, medical centers or school-based or school-linked health centers that have registered dietitians on staff may be able to provide assistance in interpreting diet orders, developing and modifying meal plans and menus, acquiring special food and beverage item purchases, and other aspects of feeding students with special needs.

In addition, the following resources may provide technical assistance or referrals to qualified nutrition and health professionals:

American Dietetic Association

A registered dietitian (RD) can answer questions on special diets and menu planning to help Child Nutrition staff better understand and accommodate a student's special dietary needs. The American Dietetic Association, Find a Registered Dietitian is a national referral service that links consumers, physicians, food manufacturers, distributors and food service operations with these nutrition practitioners.

www.eatright.org

American Society for Parenteral and Enteral Nutrition

The American Society for Parenteral and Enteral Nutrition (ASPEN) is an interdisciplinary organization whose members are involved in providing clinical nutrition therapies, including parenteral and enteral nutrition, and improving patient care by advancing the science and practice of nutrition support therapy.

www.nutritioncare.org

American Speech-Language-Hearing Association

The American Speech-Language-Hearing Association (ASHA) is the professional, scientific, and credentialing association for members and affiliates who are speech-language pathologists, audiologists, and speech, language, and hearing scientists.

www.asha.org

Association of University Centers on Disabilities

The Association of University Centers on Disabilities (AUCD) is a membership organization that supports and promotes a national network of university-based interdisciplinary programs. These programs serve and are located in every state and territory and are all part of universities or medical centers. The centers engage in a range of interdisciplinary activities including exemplary services for children, adults, and families; academic training; basic and applied research; training and technical assistance to schools, communities, and all levels of government; policy advocacy; program evaluation; and dissemination of best practices and new information.

www.aucd.org

Directory of North Carolina Public Health Nutritionists, Nutrition Services Branch, N.C. Division of Public Health

The directory includes a listing of nutritionists in North Carolina working in public health at the local, regional and state level.

www.nutritionnc.com/wic/wicLAR.htm

Dysphagia Research Society

The Dysphagia Research Society is organized to enhance and encourage research and promote the dissemination of knowledge related to normal and disordered swallowing and related functions.

www.dysphagiaresearch.org

Dysphagia Resource Center

The Dysphagia Resource Center provides links to online resources for swallowing and swallowing disorders.

<http://dysphagia.com/>

Regional Disability and Business Technical Assistance Centers

Ten regional centers are funded by the National Institute on Disability Rehabilitation and Research of the United States Department of Education to provide information and technical assistance on the Americans with Disabilities Act (ADA). The Regional ADA Coalition may also be helpful.

www.adata.org

State Title V Directors, Maternal and Child Health (MCH)

Each state has a Title V director responsible for overseeing state programs for children with special health care needs. Most states also have public health nutritionists who are responsible for nutritional services for these children. Contact the Maternal and Child Health director or the Children with Special Health Care Needs director for information.

<http://mchb.hrsa.gov/programs/>

References:

Accommodating Children with Special Dietary Needs in School Nutrition Programs: Guidance for School Food Service Staff. Alexandria, Va: U.S. Department of Agriculture, Food Nutrition Service; 2001.

www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf

Tube Feeding

What type of formulas may be used for tube feedings?

Tube feedings present a particular risk in regards to food safety. To ensure maximum protection for students, only commercially prepared formulas may be provided by schools for this purpose. No on-site preparation of tube feeding formulas can take place in the cafeteria. All staff involved in tube feedings for students should be trained; training should be relative to their area of responsibility (i.e., proper handling, storage, and administration, etc.) for the feedings.

References:

Commercial Kitchen Standards, Child Nutrition Services, N.C. Department of Public Instruction
<http://dpi.state.nc.us/childnutrition/publications/foodsafety/commercial>

Where should formula that is not procured by the Child Nutrition program be stored?

The school should provide a safe, secure storage area that corresponds to the manufacturer's recommendations for storing the specific product. Most un-opened formulas are not refrigerated during storage as refrigeration could change the viscosity and thereby decrease tolerance of the formula. Storage in an area other than the cafeteria is recommended because North Carolina Environmental Health rules limit access to food preparation and storage areas to only authorized Child Nutrition employees. School personnel assigned to feed the student may need access to the product at a time when the cafeteria is closed.

If formula is stored in the school cafeteria area covered by the North Carolina Department of Environmental Health (NCDENR) Permit, the food storage guidelines in the North Carolina Administrative Code, 15A NCAC 18A .2632 Storage Spaces, must be followed.

References:

Title 15A, Subchapter 18A – N.C. Administrative Code, N.C. Department of Environment and Natural Resources
www.deh.enr.state.nc.us/ehs/rules.htm

Where should opened cans of formula be stored?

Once a can of formula is opened it should either be consumed by the student in one feeding or discarded. In order to minimize the risk of intentional or unintentional contamination, no opened cans of formula should be stored for later use. In addition, refrigeration could change the viscosity and thereby decrease the tolerance of the formula.

References:

Title 15A, Subchapter 18A – N.C. Administrative Code, N.C. Department of Environment and Natural Resources
www.deh.enr.state.nc.us/ehs/rules.htm
Commercial Kitchen Standards, Child Nutrition Services, N.C. Department of Public Instruction
<http://dpi.state.nc.us/childnutrition/publications/foodsafety/commercial>